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DATE:

7/13/05

TO:

Amendment

Commissioner for Patents

ATTN:

Examiner: Gregory Issing

Art Unit: 3662

FAX NUMBER: (703) 872-9306.

FROM:

Donald C. Kordich, Attorney for Applicant

Registration No. 38,213

Total Number of Pages Sent: 11

(including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 030123

ENCLOSED ARE:

Amendment (9 pages)

Transmittal (in duplicate)

JUL 1 4 2005

APPLICANT: Rahmat, et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/734,382 FILED: December 11, 2003

FOR: METHOD AND APPARATUS FOR SCHEDULING SEACH FOR AND ACQUISITION OF GLOBAL

POSITIONING SATELLITES

Please contact Victoria J. Pacey at (858) 651-3411 if all pages do not transmit.

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(a) Number

PTO/SB/21

U.S. Department of Commerce Patent and Trademark Office PATENT

AMENDMENT TRANSMITTAL FORM

(c)

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 030123 In Re Application of: Rahmat, et al. Serial Number: 10/734,382 Filed: December 11, 2003 Examiner: Gregory Issing Group Art Unit: 3662

Dear Sir:

Transmitted herewith for filling is a Response to Office Action in the above identified application.

(b) Highest

CLAIMS	Remaining After Amendment	Number Previously Paid For	Extra Claims	Large Entity Fee	Fee Paid
Total*	19	20	0	x \$50=	. \$0
Independent**	2	3	0	x \$200 =	\$0
Multiple Dependent Claim(s): ☐ Yes ☑ No				\$360	\$
EXTENSION FEES			ne Month	\$120	\$
			wo Months	\$450	\$
			hree Months	\$1020	\$1020.00
TERMINAL DISCLAIMER				\$130	\$
"If the number in column a is less than 20, enter 0 in column c. as If the number in column a is less than 3, enter 0 in column c. 4. Fee check in the amount of 5 is enclosed to pay for any claim 5. Please charge Deposit Account No. 12,0006 as Ollary Columns.				TOTAL FEE	\$1020.00
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.00. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fise processing. 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as ser forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: July 13, 2005 Signature: Donald C. Kordiell, Reg. No. 38.213 Phone No. (858) 658-5928 Facsimile: (858) 658-5787 Facsimile: (858) 658-2502					
I hereby comitive has	CERTIFICA	TE OF MAILING	G/TRANSMISSI	ON (37 CFR 1.8(a))	
I hereby certify that	MAILING	e is, on the date sh	nown below, being		
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Depositor's Name:			Depositor's Name: <u>Victoria I. Parev</u> (**pe op primariame)		
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